

CERTIFICATE OF INSURANCE

PRODUCER

JOHN L. WORTHAM & SON
P.O. BOX 1388
HOUSTON, TEXAS 77251

713-526-2366

3311-00000-000015 HMR/DXG 1/3

CERTIFICATE HOLDER

THE STATE OF UTAH, DEPT. OF NAT'L
RESOURCES, DIV.-OIL, GAS & MINING
355 WEST NORTH TEMPLE
3 TRIAD CENTER, SUITE 350
SALT LAKE CITY, UTAH 84180-1203

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	UNITED STATES FIRE INSURANCE CO.
COMPANY LETTER	B	
COMPANY LETTER	C	<i>m/027/008</i>
COMPANY LETTER	D	
COMPANY LETTER	E	

COVERAGES

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. POLICIES APPLY IN ALL STATES PERMITTING INSURANCE BY PRIVATE CARRIERS. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR		TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS OF DOLLARS			
A	<input checked="" type="checkbox"/>	GENERAL LIABILITY	543034234	7/01/90	7/01/91	GENERAL AGGREGATE			2000
		COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE			1000
		<input checked="" type="checkbox"/> OCCURRENCE				PERSONAL & ADVERTISING INJURY			1000
		<input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE			1000
		RETRO DATE _____				FIRE DAMAGE (ANY ONE FIRE)			50
		OWNERS & CONTRACTORS PROTECTIVE				MEDICAL EXPENSE (ANY ONE PERSON)			5
A	<input checked="" type="checkbox"/>	AUTOMOBILE LIABILITY	133590511	7/01/90	7/01/91	CSL			1000
						BODILY INJURY (PER PERSON)			
						BODILY INJURY (PER ACCIDENT)			
						PROPERTY DAMAGE			
	<input type="checkbox"/>	EXCESS LIABILITY/UMBRELLA					<input type="checkbox"/> EACH OCCURRENCE	AGGREGATE	
		<input type="checkbox"/> UMBRELLA LIABILITY							
		<input type="checkbox"/> OCCURRENCE					<input type="checkbox"/> EACH CLAIM		
		<input type="checkbox"/> CLAIMS MADE							
		RETRO DATE _____							
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	CERTIFICATE WILL BE REQUESTED FROM ASSIGNED RISK POOL				STATUTORY		
							(EACH ACCIDENT)		
							(DISEASE-POLICY LIMIT)		
							(DISEASE-EACH EMPLOYEE)		
A	<input checked="" type="checkbox"/>	OTHER	133590508	7/01/90	7/01/91	COMPREHENSIVE-\$50 DED			
		AUTO - PHYSICAL DAMAGE				COLLISION-\$1000 DED			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS

RECLAMATION AGREEMENT, PARAGRAPH 3 OF PAGE 2

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INSURED

BAY-HOUSTON TOWING COMPANY, ET AL
P.O. BOX 3006
HOUSTON, TEXAS 77253

Crystal Peltz Mining Company

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John L. Wortham & Son

ISSUE DATE (MM/DD/YY)

7/02/90